

# A SPECIAL REPORT FOR SENIORS ON MEDICARE PART D AND OTHER SERVICES



Senior walkers from around the state participated in the first "You Can!" Walk at the Statehouse on May 2, 2005, including these ladies from the Tri City Senior Center in West Columbia and the Senior Center in Swansea, SC. The You Can! Steps to Healthier Aging program encourages seniors to engage in moderate exercise such as walking and promotes the health benefits of good nutrition coupled with an active lifestyle. The second annual You Can! Walk at the Statehouse will be held on May 5, 2006.

## Aging Office Working to Meet Challenges Faced by Older South Carolinians

**By Nela Gibbons**

Director, Lt. Governor's Office on Aging

As Director of the Lt. Governor's Office on Aging and as a true "senior citizen," it is my pleasure to introduce this special report for seniors and their families. This report provides a guide to many services available in South Carolina and important information on health care, demographic trends, and other issues that affect the quality of life of all South Carolinians.

South Carolina stands at an important crossroads. Our state's demographics are changing, and the number of South Carolinians aged 60 and over will roughly double over the next 20 years — after ending a decade when our growth rate of older adults ranked ninth in the nation. This year, the oldest members of the baby boom generation turn 60. That's true in every state, but South Carolina is also experiencing a tremendous influx of people of retirement or near-retirement age that will soon make those 60-and-above our predominant age group. Our state currently has THE fastest rate of growth for seniors in the Southeast — faster, even, than Florida. The result is that maturing baby boomers are creating a senior boom growing from two directions: the in-migration of retirees moving to our state and our indigenous aging population.

This past year saw the most sweeping change to the Medicare program in its 40-year history. Implementation of the Part D prescription drug benefit is still underway. In South Carolina more than 600,000 people had to make a decision about coverage under the new benefit. More than 225,000 seniors and people with disabilities still need to make a decision about enrolling in the drug program as do another 10,000 South Carolinians who will turn 65 this year.

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## Free Equipment for Seniors with Hearing Disabilities

As many as 70,000 seniors who are unable to use a standard telephone due to a hearing or speech disability could be eligible for a free program through the SC Telecommunications Equipment Distribution Program. Applications, details and information on how to obtain professional certification of need can be obtained by calling 1-877-225-8337 or going to [www.scsdb.k12.sc.us/outreach/TEDP.htm](http://www.scsdb.k12.sc.us/outreach/TEDP.htm). Installation is also free under this program operated by the SC School for the Deaf and Blind.

## Alzheimer's Center Supports Care in Local Communities

DID YOU KNOW?

The Alzheimer's Resource Coordination Center (ARCC) is part of the Lt. Governor's Office on Aging and was created to provide statewide coordination, service system development, information and referral, and caregiver support services to individuals with Alzheimer's disease and related disorders, their families and caregivers.

Grants awarded through the center assist local communities in developing programs to serve persons with dementia and their caregivers. To assist local communities in developing or strengthening programs or services to serve people with dementia and their caregivers, the ARCC awards seed grants to community organizations.

As a condition to receiving a grant, the community or other entity must provide matching funds or in-kind contributions equal to the amount of funds awarded in the grant.

The center also maintains resource materials, such as training videos and resource books on Alzheimer's disease and related dementias, which are available for use by entities serving persons with Alzheimer's disease and/or their caregivers. Technical assistance and training is provided through the center. For more information, contact Fran Brannon at (803) 734-9875 or visit the Lt. Governor's Office on Aging web site at [www.aging.sc.gov](http://www.aging.sc.gov).

# Personal Responsibility in Diet and Exercise Is Key to Controlling Collective Health

By Lt. Governor André Bauer

One of the most sobering presentations I saw at the December national White House Conference on Aging came from David M. Walker, Comptroller of the United States.

Taking "a look at our future, when baby boomers retire," he added up the projected fiscal exposure of known Social Security and Medicare costs, and he compared it to the net worth of our country. Our exposure is \$43.3 trillion, and our worth is \$48.5 trillion.

Obviously these numbers come from trends based on current behaviors. However, if we as individuals were to take more personal responsibility for our health, we certainly could influence these dire financial forecasts about potential health-care costs.

Just as the longest journey starts with one step, every person holds the key to our collective future. For instance, if people choose to work a bit longer, either before or after retirement, then there will be an impact on Social Security payments. In the same way, if individuals will make simple, positive changes in their lifestyle by choosing moderate exercise and healthy diet, then we can reduce our future health care costs dramatically.

In our state, three health programs pay more than \$5 billion annually to purchase health care services for seniors. That's almost equal to the total state budget and comes from Medicare (\$3.5 billion), Medicaid (\$1 billion), and the state health plan's payments for retirees (\$1 billion).

South Carolina will spend more than \$150 million this year on acute care for about 25,000 seniors who will fall and seriously injure themselves. The major reasons for falls are osteoporosis, weakened muscles, and environmental hazards. The major prevention responses to falls are removal of environmental hazards, and simple exercise, like a daily walk, combined with a diet healthy in fruits, vegetables and calcium.

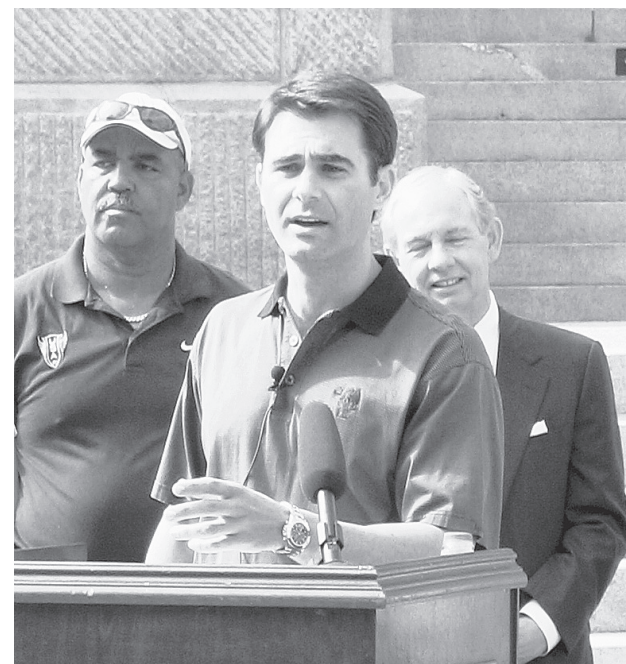
Falls are the No. 1 cause of injury among seniors, according to the Department of Health and Environmental Control, which reports that among older adults, falls are the leading cause of injury deaths and the most common cause of non-fatal injuries and hospital admissions for trauma.

Nationally, among people 65 to 69, one out of every 200 falls results in a hip fracture, and among those 85 or over, one fall in 10 results in a hip fracture. One-fourth of those who fracture a hip die within six months of the injury. The most profound effect of falling is the loss of independent functioning because 25 percent of those who fracture a hip require life-long nursing care. About 50 percent of the elderly who sustain a fall-related injury will be discharged to a nursing home rather than return home.

Prevention is the key to avoiding falls, and one of the best prevention tactics is regular exercise, which can help prevent falls by improving strength and balance. That's why I have been getting South Carolina seniors involved in the You Can! exercise

program, which stresses proper diet, moderate exercise and tobacco avoidance as a means to help seniors enhance their quality of life.

We will hold our second annual You Can! Walk on the Statehouse grounds on Friday, May 5. Last year, USC Basketball Coach Dave Odom and USC Head Track and Field Coach Curtis Frye joined me and hundreds of seniors to talk about how proper choices in diet and exercise are a win-win for everyone. Our first walk, held last May 2, coincided with the national You Can! Walk kick-off event held on the National Mall in Washington, DC.



USC Head Track and Field Coach Curtis Frye, Lt. Governor André Bauer and USC Basketball Coach Dave Odom addressed senior groups from around the state about the importance of exercise and diet at the first "You Can!" walk at the Statehouse. The second annual You Can! Walk at the Statehouse will be held on May 5, 2006.

Few factors contribute as much to successful aging as having a physically active lifestyle. Being physically active helps older people remain mobile and independent. In fact, regular physical activity can help prevent or control many of the health problems that often reduce the quality and length of life of older adults, including obesity, arthritis, high blood pressure, diabetes, osteoporosis, stroke, depression and colon cancer. Regular physical activity is a critical element of an overall healthy lifestyle, which can extend years of independent living, reduce disability and improve the quality of life of older people.

Older people do not need to engage in strenuous physical activity to improve their health. Daily walking, alone or in conjunction with other leisure-time activities, such as gardening, offers many health benefits. Millions of older Americans are living longer, healthier lives. Making positive changes in both food choices and physical activity can help prevent, delay, and even treat many of the leading chronic ailments among older Americans.



## Duke Grant Supports Cutting-Edge Research Into Senior Health

A partnership among USC's Arnold School of Public Health, MUSC, the State Office of Research and Statistics and the Lt. Governor's Office on Aging holds tremendous promise in studying senior health issues in South Carolina.

In this modern era of super computers, scientists and researchers have come to depend on the power of information "cubes" to help them study large systems. Cubes are simply groups of collected information about a particular subject or subjects. The power comes in when computer programs are used to organize the information to make comparisons and draw conclusions that are extremely useful.

Funded by a 2005 grant from the Duke Endowment, the "South Carolina Senior Cube" is a research tool that brings together mountains of health-related information about seniors from numerous sources such as hospital admissions, Medicare claims, Community Long Term Care records, and many others. Powerful computer programs are then used to compile all of this information from these different sources together into one gigantic searchable computer program. The result is a highly sophisticated database that will provide extremely accurate and detailed statistical information for researchers and public policy experts about the effectiveness of different strategies and programs in improving seniors' health outcomes. Now in the early stages of development, the project is being guided by a statewide steering committee composed of representatives from USC, MUSC, Clemson University, the Lt. Governor's Office on Aging, the Office of Research and Statistics, the AARP and the Sage Institute.

Developing solid, research-driven policies that are based on hard evidence to address the health care needs of seniors should pay impressive dividends for South Carolina over the next two decades. As the state's older population continues to grow by leaps and bounds, having solid, accurate data on which to base public policy decisions for senior health care will be critical.

Health care is expensive, and the taxpayer dollars available to fund healthcare programs are not infinite. If those limited dollars can be targeted as accurately as possible, the result will be better health outcomes and a higher quality of life for an aging population, coupled with a better bargain for taxpayers. The Senior Cube project promises to provide the type of information that will allow the state to efficiently target limited public resources in ways that will do the most good.

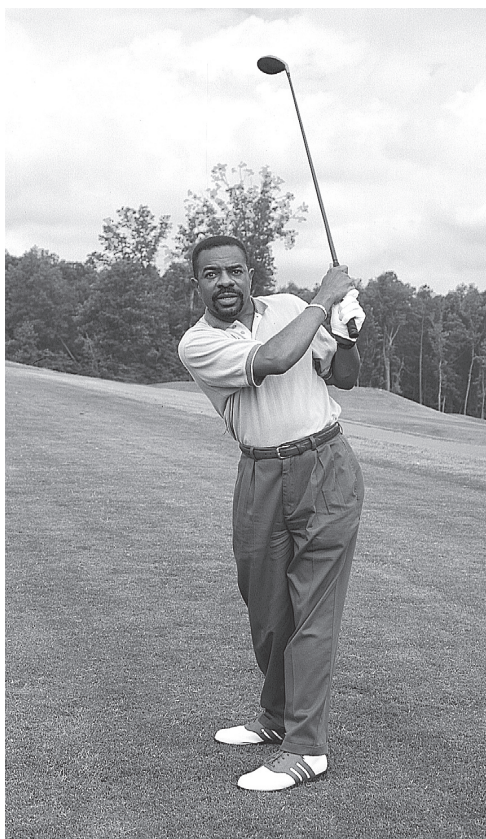
## Make the Most of Medicare's Preventive Health Services

Taking responsibility for your health and well-being includes participating with your doctor in a health care plan. Your doctor can provide important information to help you stay healthy and active. While in your doctor's office, discuss the Medicare preventive services you may need. Some of the Medicare preventive services include:

- One time "Welcome to Medicare" physical exam for people new to Medicare,
- Cardiovascular screening,
- Colorectal cancer screening,
- Diabetes screening and self-management training,
- Glaucoma screening,
- Annual mammogram, Pap test and pelvic exam,
- Prostate cancer and Prostate Specific Antigen (PSA) tests,
- Flu, Pneumococcal and Hepatitis B shots,
- Bone mass measurements and
- Other health information (Chronic Obstructive Pulmonary Disease [COPD] and depression).

## Emergency Rental Aid Program for Seniors

A new program made possible by a \$1 million grant from the State Housing Finance and Development Authority to the Lt. Governor's Office on Aging can help low-income seniors overwhelmed by medical or utility expenses.



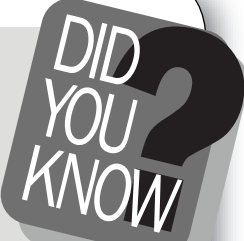
Families can apply for the new Emergency Rental Assistance program by contacting the Information, Referral and Assistance Specialist at their regional Area Agency on Aging. Please see page 8 for county contact numbers.

Program managers hope the emergency cash assistance available from the Housing Authority fund will help keep families and households intact. Once an applicant has been approved, a

check is cut directly to the applicant's landlord for a month's rent.

Applicants to the Rental Assistance program must be aged 60 or older and meet income guidelines of 100 percent of the federal poverty level to qualify for assistance. That amount is \$9,570 for an individual, \$12,830 for a couple, and more for larger households.

## Planning and Prevention Can Boost Quality of Life for Seniors



Neither poor health nor disabilities is an inevitable consequence of aging, especially if we prepare for our mature years by promoting good health, preparing financially to meet our health needs, preventing chronic disease and postponing disability and institutionalization for older adults. Senior health issues have less to do with funding, since 97 percent are covered by health insurance, and more to do with lack of access to preventive services and failure to coach good lifestyle decisions. Children born in 1900 could expect to live to 47, while newborns in 2000 could expect 77 years. These extra 30 years are largely due to a major shift in the leading causes of death. Last century it was infectious diseases and acute illness. In our time it is chronic diseases and degenerative illnesses. The key to a longer life in this 21st century involves individual decisions to adopt regular physical activity, a healthy diet and a smoke-free lifestyle. And, importantly, it involves individuals having access to a physician so they can get regular health screenings. Although covered by Medicare, only one third of older Americans are receiving the benefits of immunizations and cancer screening, medicine's most effective tools for preventing some of the leading causes of death. Meanwhile, lifestyle decisions to smoke, to eat poorly, and to be physically inactive were responsible for one out of every three deaths in 2000.

The National Institute on Aging's FREE Exercise Guide contains valuable information about how exercise and proper nutrition are crucial for staying healthy as we age. Call toll-free 1-800-222-2225.

**Site to order exercise guide:**  
[www.nia.nih.gov/healthinformation](http://www.nia.nih.gov/healthinformation)

**For more information on exercise, please see:**  
[www.aging.sc.gov](http://www.aging.sc.gov)  
[www.aoa.gov/youcan/youcan.asp](http://www.aoa.gov/youcan/youcan.asp)



## GAPS Program Can Help Fill Part D "Donut Hole"

The "donut hole" is a term sometimes used to refer to the coverage gap in Medicare Part D coverage plans. During the donut hole, a Medicare Part D participant could be responsible for up to \$2,850 in drug costs before the Medicare drug coverage continues. Some Medicare drug plans will offer coverage during the donut hole for covered generic and/or brand name medications, but most do not.

In South Carolina, the State Department of Health and Human Services has replaced its old SILVERxCARD program with the new Gap Assistance Pharmacy Program for Seniors (GAPS). GAPS will provide state pharmacy assistance to help qualifying seniors with drug costs during the donut hole. However, you must be enrolled in a Medicare drug plan that participates with GAPS and meet income guidelines. For more information about the new South Carolina GAPS program, please contact the Department of Health and Human Services at 1-888-549-0820.

# WHAT is Medicare?

Medicare is a federal health insurance program that covers people 65 and older, certain younger people with disabilities, people with permanent kidney failure who are on dialysis, or have had an organ transplant. This program has several components, or parts.

- Medicare Part A: Hospital insurance. Pays for inpatient hospital stays, care in skilled nursing facility, hospice care, some home health care.

- Medicare Part B: Helps pay for doctors' services, outpatient hospital care, durable medical equipment, some medical services not covered by Part A.

- Medicare Part C (Medicare + Choice): Choices of health plans offered by private

companies and approved by Medicare, besides traditional Medicare fee-for-service. Examples: health maintenance organizations (HMOs); preferred provider organizations (PPOs); provider-sponsored organizations (PSOs), private fee-for-service plans (PFFS); and medical savings accounts (MSAs).

- Medicare Part D: New insurance coverage for prescription drugs that began Jan. 1, 2006. There are two types of Medicare Part D coverage:

- 1) stand alone prescription drug plans that can be added to traditional Medicare, and

- 2) Medicare managed-care plans that cover health care, with prescription drug coverage included.

## WHO should enroll in Medicare Part D?

Medicare's Part D prescription drug benefit is available to all Medicare beneficiaries regardless of income, assets, or health condition. In South Carolina, approximately 600,000 persons are eligible (500,000 seniors and 100,000 people with disabilities).

This drug coverage program is completely voluntary, and is an insurance contract between the Medicare beneficiary and any one of dozens of private insurers providing the benefit to South Carolinians.

Medicare Part D may not be the best choice for some people, even though the federal government predicts the average participant will save nearly 40 percent on drug costs. Many people may be better off continuing their current insurance coverage. Among the many factors to be considered is that if you do drop your current prescription drug coverage and enroll in a Part D plan, you may not be able to get this coverage back if you change your mind later.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the Medicare Part D plans offered in your area.

You should enroll in a Medicare prescription drug plan if any of the following are true:

- You have no prescription drug coverage, even if you currently have low or no drug costs
- You had prescription drug coverage through

a Medicare-approved drug discount card

- You receive free or reduced-price medications through a pharmaceutical or patient assistance program
- You received a discount through a Medicare medigap/supplemental plan prior to January 1, 2006
- You receive prescription drug coverage through a Medicare medigap/supplemental plan that is not as good or better than the Medicare standard drug plan

If you had Medicare and prescription drug coverage through Medicaid, your drug coverage was switched to Medicare on January 1, 2006. You should have been automatically enrolled in a Medicare prescription drug plan and mailed a letter listing the plan you were enrolled in. If you have not received a letter identifying your drug plan, you should enroll in the Medicare drug plan of your choice. If you were "auto-enrolled" in a plan that does not cover your medications, you should change to a plan that better fits your needs.

You **may not** have to enroll in a Medicare prescription drug plan if you have coverage through one of the following sources:

- An employer or union health plan
- TRICARE or a Veteran's Administration Program
- Federal Employee Health Benefits Program (FEHB)
- South Carolina State Health Plan

## Protect Yourself from Identity Theft and Fraud

To help protect yourself when dealing with plans and others about Medicare prescription drug coverage:

- Keep safe all personal information, such as your name, Social Security, Medicare, bank account, or credit card numbers.

- Don't give out your personal information until you are sure that a person is working with Medicare and their product is approved by Medicare.

- Legitimate Medicare Prescription Drug Plans will always have a "Medicare-Approved" seal on their printed materials.

- People who are working with Medicare:
  - \* Can't come to your home uninvited to sell or endorse any Medicare-related products, but they can call you about their plan.

- \* Can't enroll you into a drug plan over the telephone unless you call them, or unless you are adding prescription drug coverage to a Medicare Advantage Plan or other Medicare Health Plan that you already have.

- \* Can't ask for payment over the telephone or web. The plan must send you a bill if you enroll over the telephone or web.

# WHEN are the deadlines for enrolling in Medicare Part D?

The first day you could have enrolled in Medicare Part D was Nov. 15, 2005. On Jan. 1, 2006, Medicare Part D went into effect. Key future dates are:

**May 15, 2006:** Enrollment deadline for 2006. You can enroll in Medicare Part D after this deadline, but coverage won't take effect until Jan. 1, 2007 — and you will

have to pay a penalty of 1 percent of the national average rate for each month between May 15 and when you enroll.

**November 15-December 31, 2006:** "Annual open enrollment" for Medicare Part D. If you have enrolled in Medicare Part D by May 15, you can change from one plan to another during this period without paying

a penalty. (If you were eligible and didn't enroll by May 15, 2006, you will still have to pay the penalty when enrolling.)

**If you're not yet eligible for Medicare:** Standard enrollment period will apply. That period starts two months before the month of your 65th birthday. It ends the month after your 65th birthday.

## WHERE can I get help?

- **1-800-868-9095:** The Lt. Governor's Office on Aging I-Care Insurance Counseling Program (or see page 8 for regional contact information)
- **1-800-MEDICARE:** (1-800-633-4227): Medicare customer help; ask questions or request forms and booklets.
- **www.medicare.gov:** Find and compare local plans and drug formularies.
- **www.medicarereducation.org:** Medicare Rx Education Network: Provides enrollment information in a user-friendly form.
- **www.benefitscheckup.org:** Confidential online survey to help you determine whether you might qualify for Medicare programs.

## HOW can I get help with Part D's out-of-pocket costs?

Extra help is available from Social Security to help qualifying low-income Medicare beneficiaries pay for some of their Medicare Part D expenses such as premiums and deductibles.

You automatically qualify for help to pay some of your expenses if you have Medicare and any of the following apply:

- Your prescription drug coverage is through Medicaid
- The state pays your Medicare Part B premium
- You receive Supplemental Security Income (SSI)

If you fall into any of these categories and have not enrolled in a Medicare plan yet, you should enroll before May 15, 2006.

Other Medicare beneficiaries who do not fall into one of the categories above, but who do have limited income and resources may still qualify for the extra help from Social Security. The federal government may provide extra help to persons on Medicare if their monthly income is below \$1,197 (\$1,604 for a couple) and they have countable resources of less than \$11,500 (\$23,000 for a couple). Countable resources include money and property that you own (excluding your home and automobile).

For more information or to apply, contact the Social Security Administration at 1-800-772-1213 or visit them on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov).

## Medicare Math

### What will Part D pay? It's not easy to figure out.

Seniors who purchase a stand-alone Medicare Part D policy and who do not qualify for the low income subsidy from Social Security will pay the following amounts:

**Monthly premium** - between \$16.57 and \$68.74 (the premium amount depends on which plan you choose).

**Deductible** - \$250 is standard, but some plans have a reduced or zero deductible. The deductible amount must be met before benefits kick in.

**Co-pay** - Up to 25 percent (\$500) of next \$2,000 of prescription drug costs after deductible is paid. Medicare pays 75 percent (\$1,500).

After you and Medicare together have spent \$2,250 on your drugs (Medicare's \$1,500, plus your \$500 co-pays and \$250 deductible, you enter the:

**Coverage gap/"Donut hole"** - Additional \$2,850 you must spend of your own money before Medicare will pay any more of your drug costs.

After your drug costs have reached \$5,100 (\$2,250 before the gap, plus \$2,850 during the gap), you encounter:

**Catastrophic coverage** - Medicare will pay 95 percent percent of your drug costs for remainder of year.

Co-pay will be \$5 or less prescription.

If you spend less than \$5,100 a year on prescription drugs, you would not spend enough in a year to get catastrophic coverage. You might want to look for a plan that will give you some drug coverage during the gap.

## Missing the Medicare Part D Deadline May Prove to be Costly

If you are eligible for Medicare, don't have "creditable coverage" from another source and don't join a Medicare plan by May 15, 2006 your future premium costs will increase by 1 percent, per month, for every month you wait to enroll. You will have to pay this higher premium as long as you have Medicare coverage. The longer the delay in enrolling in Medicare Part D, the greater the penalty will be.

This penalty does not apply for those who have a letter from their retirement plan stating they have "creditable coverage" because this drug coverage from another source is as good as or better than the Medicare standard plan. That's why it is critical to keep your letter of creditable coverage in a safe place.

For many people, what this means is that they don't need to make any change at all in their current prescription coverage. In South Carolina, that includes the retirement plans of many large private sector employers, as well as the State Health Plan, which provides drug coverage for state and local government retirees. Medicare-eligible individuals who have creditable coverage that they like right now can keep that coverage and sign up for Medicare coverage at a later date without incurring any type of penalty.

However, it doesn't mean they can forget about it forever. At some point in the future, people who currently have creditable coverage may be faced with the task of choosing and enrolling in a Medicare plan for their prescription drug coverage because their retirement plan has opted out of providing drug coverage.



## Retiree In-Migration Creating Economic Opportunities

**DID  
YOU  
KNOW?**

Newcomers to South Carolina are proving to be an important driver for the state's economy. Surveys conducted by The Center for Carolina Living indicate that many have annual incomes in excess of \$100,000 and a net worth of \$1 million; 80 percent have college degrees, and a significant number have plans to start or invest in new businesses. Their top 5 ranked demands for products and services in decreasing order are: banking services, furniture, automobiles, residential realtors and home mortgages.

Those same surveys show that in-migrants annually contribute \$2.5 billion to the state's economy, as well as 13,000 home purchases worth \$7.4 billion and \$3,350 in state and local taxes. It's estimated that the economic impact of just one affluent retiree household equals 3.7 manufacturing jobs. These affluent seniors, both those in-migrating and indigenous, share a common predicament. At some point in their lives they can foresee the need for such assistance as transportation, personal care, and nutrition. Meeting the demand for those services presents opportunities for small and big businesses alike.

Based on US Census numbers, South Carolina ranked fifth nationwide in attracting new retirees from other states. This trend is expected to grow significantly over the next two decades. In the year 2000, the state's population aged 60 and older stood at approximately 660,000 people. By 2010, that number is projected to increase to 800,000 and to 1.3 million by 2025.

## Silver Haired Legislature Sets Priorities for 2006

South Carolina lawmakers will hear a loud and clear message from state seniors on five high priority issues during the 2006 legislative session. The South Carolina Silver Haired Legislature met in September and identified the five primary issues that they will lobby state lawmakers on until the session ends in June.

Now in its seventh year, the Silver Haired Legislature is finding a growing audience among lawmakers, state agency heads and other policy makers who are becoming more and more attuned to the needs of older South Carolinians. Experts predict that demographic changes, including the aging of the baby boomers and the fast growing rate of "in-migration" of retirees to the state, will double the over 60 population in South Carolina by the year 2025.

Organized in 1999, the Silver Haired Legislature was created specifically to advise the General Assembly on issues of importance to older South Carolinians. Participants are chosen in each county in coordination with the state's 10 Regional Area Agencies on Aging. The group's officers for 2006 include Speaker Tom Lloyd of West Columbia, Speaker Pro Tem Charles McNeil of Lexington, Secretary Arliss Hinson of Anderson, Clerk Hannah Timmons of Columbia, Treasurer Henry Baranoski of Conway and Immediate Past Speaker Roy Mathis of Charleston.

The five legislative priorities that the group will present to state lawmakers include the following:

**Increased funding for public transportation for senior citizens.** Access to affordable public transportation has been identified in numerous studies and conferences as one of the biggest needs for seniors in South Carolina.



**Mandatory criminal background checks for in-home and adult day care service providers.** Many seniors who remain in their homes as they age will need these services at some point.

**State assistance for prescription drug coverage under Medicare.** When the new Medicare prescription drug benefit began in January, the state SILVERxCARD program ended, but seniors previously on SILVERxCARD, and other low-income seniors, can get help with Medicare's out-of-pocket expenses under the Department of Health and Human Services' new GAPS program. The group would like to see the GAPS program made permanent in state law.

**Increased funding for in-home and community-based services.** Most people would prefer to stay in their homes as long as possible, and out-of-home care in a skilled nursing or assisted living facility can be much more expensive. Increased support for in-home-care would be a win for both families and taxpayers.

**Increased funding to help the victims of elder abuse, neglect or exploitation.** Agencies and organizations that provide adult protective services are finding their available resources stretched increasingly thin. This resolution encourages lawmakers to fund services and shelter for elderly abuse victims who must be removed from their places of residency.

## Aging Office

Continued from page 1

These seniors and their families should pay particular attention to the Medicare enrollment information on pages four and five of this publication, as well as the local contact information for our regional I-CARE insurance counselors on page eight.

Our vision of a state where seniors enjoy an enhanced quality of life requires us all to make good lifestyle choices. A recent study by the Center for Disease Control reports that "according to extensive evidence, changes in lifestyle and other low-cost preventive measures effectively reduce the risk of disease, disability, and injury, as well as the cost of health care for older Americans." Exercise and good nutrition are the best tools we have for preventing chronic illness. The Lt. Governor's Office on Aging continues to work with community organizations to encourage seniors to adopt more active lifestyles. You can read more about the importance of exercise and nutrition on pages two and three.

Most funding for the services we provide to seniors comes from the federal government. South Carolina receives \$22 million annually in federal funds through the Older Americans Act. These federal funds are targeted to assist our older adults who have the greatest social, economic and health needs. These funds are distributed to ten Area Agencies on Aging (AAA) to provide the services most needed in their region. The AAAs contract with Councils on Aging and other local providers to deliver services including home delivered meals, transportation, in-home assistance and congregate meals at many senior centers. South Carolina also receives Medicaid funding through the Department of Health and Human Services to provide health care for many of our seniors.

One of the most important responsibilities of the Lt. Governor's Office on Aging is the Long Term Care Ombudsman program designed to protect and advocate for seniors in residential care facilities. Our local ombudsmen investigate allegations of abuse, neglect, and exploitation in nursing homes and other residential care facilities

and administer the new volunteer ombudsman program. We also provide support services and grants to support family caregivers and assist families of seniors with Alzheimer's or other forms of dementia.

The General Assembly and the Governor transferred the responsibility for aging services to Lt. Governor André Bauer on July 1, 2004. Together, we are making a concerted effort to raise public awareness of aging-related issues and to develop a consensus about the strategies that we as a state need to follow to allow our seniors to age with choice and dignity.

I hope you will find this publication to be useful and informative. No state funds were used to produce this publication, which was made possible by the generous support of the corporate sponsors whose logos appear on the back cover, Instil Health Insurance Company, Select Health of South Carolina and BellSouth. We also appreciate the support of AARP and the assistance of the South Carolina Press Association in producing this report.



# State and National White House Conferences on Aging Address Issues Now Facing a Growing Senior Population

Each decade, our country holds a national White House Conference on Aging to bring seniors and aging advocates from all 50 states together to make policy recommendations to the president and the Congress. As a forerunner to the national event, South Carolina holds its own conference. In April of 2005, more than 400 people gathered in Myrtle Beach to prepare 10 recommendations for the 15-person delegation to take to Washington in December 2005. Eight of the top 10 critical issues identified by the South Carolina conference were also chosen as national priorities by the delegates in Washington.

One such issue is the need to support educational training in gerontology and geriatrics in the health and social services professions. South Carolina's first-in-the-nation geriatrician loan forgiveness program could serve as a national model for increasing the number of specialists trained to treat the physical and emotional needs

of our seniors. Our new Geriatrician Loan Forgiveness Board met for the first time on January 4, 2006 and this year will be reviewing applications from physicians who agree to stay in our state and treat our seniors for five years in return for forgiving their geriatric fellowship training costs.

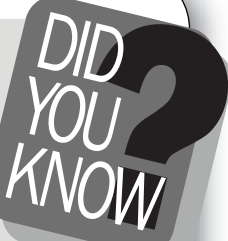
Another exciting proposal at the conference involved permanently authorizing Aging and Disability Resource Centers within every planning and service area in the nation, giving Area Agencies on Aging the right of first refusal to be designated as the Aging and Disability Resource Center within their service area. South Carolina is again at the forefront in this area. We opened the first Aging and Disability Resource

Center in South Carolina in Aiken in December 2004 and are working to replicate its success in 2006 with two similar centers in Sumter and in the Greenville area.



South Carolina's delegation at the national White House Conference on Aging was led by Lt. Governor André Bauer and also included Norma A. Curtis, Harris Davis, Bill Dukes, Dr. Gil Bradham, Eileen Hayward, Becky McDade (alternate), Lynn Stockman, Roberta Combs, Tom Brown, Ollie Johnson, Linda Mitchell-Johnson (alternate), Nela Gibbons, Randolph Thomas, Nancy J. Muller and Antonio B. Boyd.

## SC Access – One Stop Shopping for Aging & Disability Services



Today, older South Carolinians and their families, as well as other adults with long term care needs, face complicated choices and decisions about long term support, housing, health care, income security and other social services. Finding information when it is needed can be challenging and time consuming. To make informed choices, people seeking services need access to information about local resources and services that is easy to find, comprehensive, and up-to-date. SC Access was developed to help people identify and receive the supportive services they need in their local communities to maintain the greatest independence possible.

SC Access is an information, referral and assistance system that links people in need of services with a web-based service directory and a network of Regional Information and Referral Specialists. SC Access has over 11,000 "Service Records," individual snapshots of specific services with details about cost, location, application procedures, contact telephone numbers and other valuable information.

Visit the web site at [www.scaccesshelp.org](http://www.scaccesshelp.org) to find services in South Carolina or check the directory of Regional Information, Referral and Assistance Specialists on page eight for telephone assistance.

## AARP in South Carolina a Longtime Non-partisan Advocate for Aging Issues

AARP is a non-profit, non-partisan membership organization dedicated to making life better for all people as they age. We provide information and resources; engage in legislative, regulatory, and legal advocacy; assist members in serving their communities; and offer a wide range of unique benefits, special products and services for our members.

AARP volunteers are the heart of our Association and our outreach. They are involved in advocacy at the state level that includes nine local action legislative teams, and community service and education programs, including local chapters, AARP Tax Aide, and AARP's Driver Safety Program.

AARP is a strong advocate on behalf of people 50+ for important issues including Medicare prescription drug coverage, long-term Social Security solvency, and fighting age discrimination.

In South Carolina, AARP will continue to work for increased funding for Community Long Term Care and other home and community-based services, supporting legislation that will reduce medical errors, protecting Medicaid recipients from undue cuts, while advocating for strategies that control the growth of Medicaid costs.

During the 2006 legislative session, AARP will advocate for funding for the Geriatricians Loan Forgiveness program. In 2005, AARP supported a bill that provides a loan forgiveness program for physicians who train to become geriatricians. In addition, AARP and other consumer organizations will work for statutory changes to curb payday lending in South Carolina.

To receive information about AARP programs and services, AARP Tax Aide sites, AARP Driver Safety classes, local chapter information, or request brochures including information about the new Medicare Prescription drug benefit, call 1-888-OUR-AARP (687-2277) or visit [www.aarp.org](http://www.aarp.org)



# Important Telephone Numbers to Call for Help

Services available directly from your Regional Area Agency on Aging (AAA) include the following:

- I-CARE insurance counselors, who can help you with information about Medicare and its prescription drug program
- Information, Referral and Assistance Specialists, who can help with locating services or making referrals using SC Access and other community resources
- Family Caregiver Advocates, who specialize in helping individuals who are caring for an elderly or disabled family member or loved one
- Long Term Care Ombudsmen, who investigate suspected abuse, neglect or exploitation of seniors and vulnerable adults in facilities and provide information on advanced directives and living wills

## **Region 1, Appalachia -- (864) 242-9733**

(Anderson, Cherokee, Greenville, Oconee, Pickens and Spartanburg counties)

**1-800-434-4036** (outside Greenville County)

## **Region 2, Upper Savannah -- (864) 941-8061**

(Abbeville, Edgefield, Greenwood, Laurens, McCormick and Saluda counties)

**1-800-922-7729** (outside Greenwood County)

## **Region 3, Catawba -- (803) 329-9670**

(Chester, Lancaster, York and Union counties)

**1-800-662-8330** (outside York County)

## **Region 4, Central Midlands -- (803) 376-5390**

(Fairfield, Lexington, Newberry and Richland counties)

**1-877-744-5130** for I-CARE

**1-866-394-4166** for IR&A Specialist

**1-800-391-1185** for Ombudsman

## **Region 5, Lower Savannah -- (803) 649-7981**

(Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties)

**1-866-845-1550** (outside Aiken County)

## **Region 6, Santee Lynches -- (803) 775-7381**

(Clarendon, Kershaw, Lee and Sumter counties)

**1-800-948-1042** (outside Sumter County)

## **Region 7, Pee Dee -- (843) 383-8632**

(Chesterfield, Darlington, Dillon, Florence, Marion and Marlboro counties)

**1-866-505-3331** (outside Darlington County)

## **Region 8, Waccamaw -- (843) 546-4231**

(Georgetown, Horry and Williamsburg counties)

**1-888-302-7550** (outside Georgetown County)

## **Region 9, Trident -- (843) 554-2275**

(Berkeley, Charleston and Dorchester counties)

**1-800-894-0415** (outside Charleston County)

## **Region 10, Lowcountry -- (843) 726-5536**

(Beaufort, Colleton, Hampton and Jasper counties)

**1-877-846-8148** (outside Jasper County)



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Electronic copies of this Special Report for Seniors on Medicare Part D and Other Services can be downloaded and printed from the Lt. Governor's Office on Aging web site. Please visit us at [www.aging.sc.gov](http://www.aging.sc.gov), for information and news about senior issues in South Carolina.